

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 188

Registered No. _____

1. PLACE OF BIRTH

County Gila

State _____

District or Township _____

or Village _____

City _____

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Myrtle Ellen Barkley

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.Female

4. Twin, triplet or other _____

6. Legitimate?

Yes

7. Date

June 25, 1928

of birth

Month

Day

Year

5. No., in order of birth 1

8. FATHER

Full name Otis Barkley

14. MOTHER

Full maiden name Myrtle Hale

9. Residence

(Usual place of abode) Payson Ariz

If non-resident, give place and state.

15. Residence

(Usual place of abode) Payson Ariz

If non-resident, give place and state.

10. Color or race

W11. Age at last birthday 39 (Years)

16. Color or race

W17. Age at last birthday 20 (Years)12. Birthplace (city or place) Texas

(State or country)

18. Birthplace (city or place) Arizona

(State or country)

13. Occupation

Nature of industry Farmer

19. Occupation

Nature of industry Housewife

20. Number of children of this mother _____

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against ophtalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at 9:40 a.m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Chas. R. RiserPhysician

(Physician or midwife).

Given name added from a supplemental report _____

Address Payson Ariz

Month, day, year _____

Filed 7-719 28

Registrar

Registrar

428-625-1163